|  | PATENT APPLICATION FEE DETERMINATION RECOF<br>Effective December 29, 1999 |                                 |                                    |            |               |   |                  |    |                   |      | Application or Docket Number |            |                            |                        |  |  |
|--|---|---------------------------------|------------------------------------|------------|---------------|---|------------------|----|-------------------|------|------------------------------|------------|----------------------------|------------------------|--|--|
| CLAIMS AS FILED - PART I   |   |                                 |                                    |            |               |   |                  |    |                   |      |                              |            |                            |                        |  |  |
| (Column 1) (Column 2)  |   |                                 |                                    |            |               |   |                  |    | SMALL ENTITY TYPE |      |                              | OR         | OTHER THAN OR SMALL ENTITY |                        |  |  |
| FOR  |   |                                 |                                    | ER FILED   |               | NUMBER EXTRA                              |                  |    | RAT               |      | FEE                          | )<br> <br> | RATE                       | FEE                    |  |  |
| BASIC FEE  |   |                                 |                                    |            |               |   |                  |    |                   |      | 345.00                       | OR         |                            | 690.00                 |  |  |
| TOTAL CLAIMS   |   |                                 | 1700 (1770-18)                     | /7 minus   | 20= *         | = *                                       |                  |    | X\$ 9=            |      | OR                           | X\$18=     |                            |                        |  |  |
| INDEPENDENT CLAIMS   |   |                                 | 7 minus 3                          |            |               | : 4                                       |                  |    | X39=              |      |                              | OR         | X78=                       | 312                    |  |  |
| MULTIPLE DEPENDENT   |   |                                 | CLAIM PRESENT                      |            |               |   |                  |    |                   |      |                              | 1 1        | .000                       | 115                    |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |                                 |                                    |            |               |   |                  |    | +130=             |      |                              | OR         | +260=                      |                        |  |  |
| "  |   |                                 |                                    |            | TOTA          | ۱L  |                  | OR | TOTAL             | 1002 |                              |            |                            |                        |  |  |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)             |                                 |                                    |            |               |   |                  |    | SMALL ENTITY      |      |                              | OR .       | OTHER THAN SMALL ENTITY    |                        |  |  |
| AMENDMENT A  |   | CI<br>REM<br>A                  | AIMS MAINING FTER NDMENT           |            | H<br>N<br>PRI | IIGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR  | PRESENT<br>EXTRA |    | RAT               | Ē    | ADDI-<br>TIONAL<br>FEE       |            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | * )                             | 1                                  | Minus      | **            | 70  | =                |    | X\$ 9             | =    |                              | OR         | X\$18=                     |                        |  |  |
|  | Independent   | * 6                             | 1                                  | Minus      | ***           | 1   | = /              |    | X39:              | =    |                              | OR         | X78=                       |                        |  |  |
| ٨  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                            |                                 |                                    |            |               |   |                  | ŀ  |                   |      |                              |            | 000                        |                        |  |  |
|  |   |                                 |                                    |            |               |   |                  | Į  | +130              | ,    |                              | OR         | +260=                      |                        |  |  |
|  |   |                                 |                                    | ·          |               |   |                  | A  | TO<br>ADDIT. F    |      |                              | OR         | TOTAL<br>ADDIT. FEE        |                        |  |  |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                          |   |                                 |                                    |            |               |   |                  |    |                   |      | ·                            |            |                            |                        |  |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT |                                    |            | PR            | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |    | RAT               | E    | ADDI-<br>TIONAL<br>FEE       |            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | *                               |                                    | Minus      | **            |   | =                |    | X\$ 9             | =    |                              | OR         | X\$18=                     |                        |  |  |
|  | Independent   | *                               | ONOE                               | Minus      | ***           | ***                                       | =                |    | X39:              | =    |                              | OR         | X78=                       |                        |  |  |
|  | FIRST PRESE   | IN I A I I                      | ON OF M                            | OCTIPLE DE | PEND!         | ENT CLAIM                                 | <b>_</b>         |    | +130              | =    |                              | OR         | +260=                      | :                      |  |  |
|  |   |                                 |                                    |            |               |   |                  |    |                   | TAL  |                              | OR         | TOTAL<br>ADDIT. FEE        |                        |  |  |
|  | (Column 1) (Column 2) (Column 3)  |                                 |                                    |            |               |   |                  |    | ····              |      |                              | ٠          |                            | ,                      |  |  |
| AMENDMENT C  |   | REN<br>A                        | LAIMS<br>MAINING<br>FTER<br>NDMENT |            | PR            | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |    | RATI              | E    | ADDI-<br>TIONAL<br>FEE       | ,          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
| NON  | Total   | *                               |                                    | Minus      | **            |   | =                |    | X\$ 9             | = -  |                              | OR         | X\$18=                     |                        |  |  |
| \ME  | Independent   | *                               |                                    | Minus      | ***           |   | =                |    | X39=              |      |                              |            | X78=                       | <del></del>            |  |  |
| 7  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                            |                                 |                                    |            |               |   |                  |    |                   |      |                              | OR         |                            | <del></del>            |  |  |

+130=

ADDIT. FEE

TOTAL

+260=

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

OR ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.